## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT **1997** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600050116 (8)

VALLBHA, INC.

## FILED Mar 10 1997 8:00am Secretary of State



				<u> </u>	<b>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</b>	
Principal Place of Business		Mailing Address				
12320 FOUR OAK RD. Tampa Fl. 33624		12320 FOUR OAK RD. TAMPA FL 33624-4214				
				3. Date incorporated or Qualified 06/12/1996	3a. Date of Last R	teport
2. Principal Place of Business		28. Mailing Address			A	oplied For
[1]		26 YO WALTER SANDERS		59-33833	<u> </u>	ot Applicable
Suite, Apt # etc		Suite, Apt. #, etc.		5. Certificate of Status Desired		
2		27 /3910 N DALE City & State	MARKY " !	6. Election Campaign Financing		
City & Stat	IC:	28 TAMPA FL		Trust Fund Contribution		May Be to Fees
Zip	Country	Z <sub>I</sub> p	Country	8. This corporation has liability for in		. 199.032,
4	25	29 33618	30 US		Yes No	
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Heg	Istered Agent	
	iders, walter		81 Name	1		
13910 N. DALE MABRY HWY.			82 Street Address (P.O. Box Number is Not Acceptable)			
	TE ONE		02	83		
TAM	IPA FL 33618		03	· · · · · · · · · · · · · · · · · · ·		
			84 City		FL 85 Zip	Code
44 6	to III	0f 02 and 607 1509. Florida Statute	s the above named cor	poration submits this statement for the pu	renea of changing	its registered
office or	registered agent, or both, in the St	tate of Florida, Such change was a	uthorized by the corpora	poration submits this statement for the position's board of directors. I hereby accep	t the appointment as	registered
agent. La	am familiar with Ling specifit the of	aligations of, Section 607.0505, Flor	rida Statutes.	La companya da companya	7-19-0	77
SIGNATURE	Stemation transit and third range of existence	Lagent and tits, if acolleable (NOTE	: Registered Agent signature requ	WALTER SANDERS	DATE	L/
	Signature, typed on a rited rays of registerer OFFICERS	d agent and tick of applicable (NOTE AND DIRECTORS	: Registered Agent signature requ	WALTER SANDERS  uired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO	RS IN 12
12.	OFFICERS D		: Registered Agent signature requ	uired when reinstating)	DATE ERS AND DIRECTO	
12.	D PATEL, JAYKRISHNA J	AND DIRECTORS	: Registered Agent signature requ	uired when reinstating)		
12. THEF NAME	D PATEL, JAYKRISHNA J 12320 FOUR OAK RD.	AND DIRECTORS	13.	uired when reinstating)		
12. DILE NAME STREEL ADDRESS	D PATEL, JAYKRISHNA J 12320 FOUR OAK RD. TAMPA FL 33624	AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	uired when reinstating)	Change	Addition
12. DILE NAME STREEL ADDRESS CITY: \$1-ZIP	D PATEL, JAYKRISHNA J 12320 FOUR OAK RD. TAMPA FL 33624 D	AND DIRECTORS	Registered Agent signature required to the s	uired when reinstating)		☐ Addition
12. THEF NAME STREET ADDRESS CITY-SI-ZIP THEE NAME	D PATEL, JAYKRISHNA J 12320 FOUR OAK RD. TAMPA FL 33624 D PATEL, SMITABEN J	AND DIRECTORS  DELETE	Registered Agent signature required to the s	uired when reinstating)	Change	☐ Addition
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I formation indicated on this annual report of supplemental annual report as five and accurate and that my signature shall have the same legal effect as it made under oath, the Lam an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

311/97 Date

Daytime Phone #